

1934

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **95**

Registrar's No. _____

1. Place of Death: (a) County Greenlee (b) City or Town Duncan Ariz (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 45; in Arizona 64
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Greenlee (c) City or Town Duncan Rural
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) No
If yes, which country _____
3. (a) FULL NAME Eva Pearl Wilkins (b) If Veteran _____ (c) Social Security No. None
name war _____

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Doctor Ephraim Wilkins 8. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased April 18 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 23 If less than one day: hrs. _____ min. _____

9. Birthplace St. Joseph Arizona (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Own Home

12. Name Moran B. Steeles

13. Birthplace Iowa (City, town or county) (State or Country)

14. Maiden Name Margaret Quinn

15. Birthplace Ark. (City, town or county) (State or Country)

16. (a) Informant's own signature Doctor Ephraim Wilkins
(b) Address Duncan Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Duncan Ariz (c) Date May 17, 1945

18. (a) Embalmer's Signature _____

(b) Funeral Director W. C. Rawson

(c) Address Jefford Ariz

19. (a) May 14 - 1945 (Date received local Registrar)

(b) Eugene Romney (Registrar's Signature)

20M 100% Rag 8-42 B Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 11, 1945;
TIME (Hour and minute) 4:12 P.M.

21. I hereby certify that I attended the deceased from April 30, 1945 to April 30, 1945;
that I last saw her alive on April 30, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. P. Wilkins M. D.

Address Jefford Ariz Date signed 5/14/45

DURATION
